



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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EMANUELE ET AL.

APR 26 2004

Application No. 09/929,819

OFFICE OF PETITIONS

Filed: August 14, 2001

For: THERAPEUTIC DELIVERY COMPOSITIONS
AND METHODS OF USE THEREOF

Art Unit: 1635

Examiner: R. Schnizer

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

The above-identified applicant respectfully requests a three-month extension of time within which to file a response to the Office Action dated January 30, 2003, to expire July 30, 2003. A check in the amount of \$475 is enclosed herewith to cover the fee for a three-month extension.

Please charge any additional fees, or credit any overpayment, to Deposit Account 11-0855. A duplicate copy of this sheet is attached.

04/23/2004 MBLAND 00000013 09929819

01 FC:2253 475.00 OP

Adjustment date: 05/12/2004 AKELLEY
04/23/2004 MBLAND 00000013 09929819
FC:2253 -475.00 OP

Respectfully submitted,

Sima Singadia Kulkarni
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Reg. No. 43,732

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Atlanta, Georgia 30309-4530
(404) 815-6500
Our Docket: 19720-0626 (42896-262529)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 20, 2004.

Sima Singadia Kulkarni
Sima Singadia Kulkarni - Reg. No. 43,732

05/12/2004 AKELLEY 0008432200
Ref: 110855 Nat: 09929819
FC: 9204 \$475.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>5/11/04</u>		2 Serial/Patent # <u>09 9298789</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
✓	Extension of Time	#8	4/22/04	\$ 475.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 475.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	Treasury Check		
	Duplicate Payment	Credit Deposit A/C #:		
✓	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; text-align: center;"> 9 1 1 -- 0 8 5 5 </div>		
<div style="font-family: cursive; font-size: 1.2em;"> Extension of time not filed within maximum extendable timeframe. </div>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-0482</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>5/12/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
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Crystal Park One, Room 802B**